
State of Washington

Behavioral Risk Factor Surveillance System Questionnaire 1987

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

Supported in part by
Cooperative Agreement U58/CCU002118-12

Washington State Department of Health
Center for Health Statistics

1987 Behavioral Risk Factor Surveillance System Questionnaire

Table of Contents

Section	Title	Page
Section A:	Seatbelts	1
Section B:	Hypertension	1
Section C	Exercise	2
Section D:	Diet	3
Section E:	Tobacco Use (Smoking)	5
Section F:	Alcohol Consumption	6
Section G:	Preventive Health Practices	7
	Routine Checkup.....	7
	Cholesterol	7
	Influenza	8
	Women's Health	8
	Sun Exposure	10
Section H:	Demographics	10

SECTION A: SEAT BELTS

1. First I'd like to begin by asking you about using seat belts. How often do you use seat belts when you drive a car or ride in a car, would you say ...
READ 1-5:

Always	1
Nearly always	2
Sometimes	3
Seldom	4
or Never	5

Don't know/Not sure	7
Never drive/ride in a car	8
Refused	9

SECTION B: HYPERTENSION

2. These next questions are about hypertension or high blood pressure. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL.

SKIP TO SECTION C (Q.7) <-----	No	1
	Yes, by doctor	2
	Yes, by nurse	3
	Yes, by other health professional	4
SKIP TO SECTION C (Q.7) <-----	Don't know/Not sure	7
	Refused	9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once?

More than once	1
Only once	2
Don't know/Not sure	7
Refused	9

4. Is any medicine currently prescribed for your high blood pressure?

	Yes	1
	No	2
SKIP TO Q.6<-----	Don't know/Not sure	7
	Refused	9

5. Are you currently taking medicine for your high blood pressure?

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY," IF NECESSARY.
IF ANSWER IS "YES," USE "YES, ALL OR MOST OF THE TIME."

Yes, all or most of the time	1
Yes, occasionally	2
No	3
Don't know/Not sure	7
Refused	9

6. As far as you know, is your blood pressure presently normal – or under control – or is it still high?

NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE."

Normal	1
Under control	2
Still high	3
Don't know/Not sure	7
Refused	9

SECTION C: EXERCISE

7. The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

SKIP TO SECTION D (Q.17) <-----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

8. What type of physical activity or exercise did you spend the most time doing during the past month?

SKIP TO Q.13 <----- Refused 99

OFFICE ONLY:
SEE CODING LIST A - ACTIVITY

IF ANSWER TO Q.8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ASK Q.9

9. How far did you usually (walk) (run) (jog) (swim)? RECORD BELOW.

OFFICE:
SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS.

Miles and tenths	— . —
Don't know/Not sure	77.7
Refused	99.9
Other:	_____

10. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1	___/week
Times per month	2	___/month
Don't know/Not sure		777
Refused		999

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
RECORD BELOW.

	___hrs.	___min.
Don't know/Not sure		777
Refused		999

12. Was there another physical activity or exercise that you participated in during the last month?

SKIP TO SECTION D (Q.17) <-----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

13. What other type of physical activity gave you the next most exercise during the past month?

SKIP TO SECTION D (Q.17) <----- Refused 99

OFFICE ONLY:
SEE CODING LIST A - ACTIVITY

ASK ONLY IF ANSWER TO Q.13 IS RUNNING, JOGGING, WALKING, OR SWIMMING.
ALL OTHERS GO TO Q.15.

14. How far did you usually walk/run/jog/swim? RECORD BELOW.

OFFICE:
SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS.

Miles and tenths	___	___
Don't know/Not sure		77.7
Refused		99.9
Other:	_____	

15. How many times per week or per month did you take part in this activity? RECORD BELOW.

Times per week	1	___/week
Times per month	2	___/month
Don't know/Not sure		777
Refused		999

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it?
RECORD BELOW.

	___hrs.	___min.
Don't know/Not sure		777
Refused		999

SECTION D: DIET

17. About how much do you weigh without shoes? RECORD BELOW.

	— — — pounds
Don't know/Not sure	777
Refused	999

18. About how tall are you without shoes? RECORD BELOW.

	— ft. — inches
Don't know/Not sure	777
Refused	999

19. Are you now trying to lose weight?

SKIP TO Q.22 ←	Yes	1
	No	2
	Refused	9

20. Are you eating fewer calories to lose weight?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

21. Have you increased your physical activity to lose weight?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

22. How often do you usually add salt to your food at the table, would you say ... READ 1-4:

Most of the time	1
Sometimes	2
Rarely	3
or Never	4
.....	
Don't know/Not sure	7
Refused	9

23. Are you now under the advice of a doctor to reduce your cholesterol or blood fat level?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SECTION E: TOBACCO USE

24. Now I would like to ask you a few questions about tobacco products. Have you smoked at least 100 cigarettes in your entire life?

NOTE: 100 CIGARETTES = 5 PACKS.

SKIP TO Q.29 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

25. Do you smoke cigarettes now?

SKIP TO Q.28< ----- SKIP TO Q.29< -----	Yes	1
	No	2
	Refused	9

26. On the average, about how many cigarettes a day do you now smoke? RECORD # OF CIGARETTES BELOW.

NOTE: 1 PACK = 20 CIGARETTES.

Don't smoke regularly	88
Refused	99

27. Have you stopped smoking for a week or more sometime during the past year?

SKIP TO Q.29 < -----	Yes	1
	No	2
	Refused	9

28. About how long has it been since you last smoked cigarettes fairly regularly, would you say ...
READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
or More than 5 years ago	4
.....	
Don't know/Not sure	7
Refused	9

29. Have you ever used or tried any smokeless tobacco products, such as chewing tobacco or snuff?
PROBE FOR CHEWING TOBACCO, SNUFF OR BOTH.

SKIP TO SECTION F (Q.31) ←	Yes, chewing tobacco	1
	Yes, snuff	2
	Yes, both	3
	No, neither	7
	Don't know/Not sure	8
	Refused	9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? PROBE FOR CHEWING TOBACCO, SNUFF OR BOTH.

NOTE: "YES" INCLUDES OCCASIONAL USE.

Yes, chewing tobacco	1
Yes, snuff	2
Yes, both	3
No, neither	4
Don't know/Not sure	7
Refused	9

SECTION F: ALCOHOL CONSUMPTION

31. These next few questions are about the use of beer, wine, or liquor – all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

Have you had any beer, wine or liquor during the past month, that is, since _____?
(DATE)

SKIP TO Q.34 < -----	Yes	1
	No	2
	Refused	9

32. During the past month, how many days per week or per month did you drink any beer?
RECORD BELOW.

SKIP TO Q.34< -----	days/week:	1	___
	days/month:	2	___
	Never/None		888
	Don't know/Not Sure		777
	Refused		999

33. On the days when you drank beer, about how many beers did you drink on the average?
RECORD BELOW.

	___	beers
Don't know/Not sure		77
Refused		99

34. Also, during the past month, how many days per week or per month did you drink any wine?
RECORD BELOW.

SKIP TO Q.36< -----	days/week:	1	___
	days/month:	2	___
	Never/None		888
	Don't know/Not sure		777
	Refused		999

35. On the days when you drank wine, about how many glasses of wine did you drink, on average?
RECORD BELOW.

	___	glasses
Don't know/Not sure		77
Refused		99

36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey? RECORD BELOW.

SKIP TO Q.38< -----	days/week:	1	___
	days/month	2	___
	Never/None		888
	Don't know/Not sure		777
	Refused		999

37. On the days when you drank any liquor, about how many drinks did you have, on the average? RECORD BELOW.

	___	drinks
Don't know/Not sure		77
Refused		99

38. Considering all types of alcoholic beverages, that is, beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? RECORD BELOW.

	___	times
None		88
Don't know/Not sure		77
Refused		99

39. And during the past month, how many times have you driven when you've had perhaps too much to drink? RECORD BELOW.

	___	times
None		88
Don't know/Not sure		77
Refused		99

SECTION: G PREVENTIVE HEALTH PRACTICES

40. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup, would you say it was ... READ 1-4

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
or More than 5 years ago	4
.....	
Don't know/Not sure	7
Never	8
Refused	9

41. These next questions are about blood cholesterol, which is a fatty substance found in the blood.

Have you ever had your blood cholesterol checked?

SKIP TO Q.45 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

42. About how long has it been since you last had your blood cholesterol checked, would you say it was ... READ 1-4:

Within the past year	1
Within the past 2 years	2
Within the past 5 years	3
or More than 5 years ago	4
.....	
Don't know/Not sure	7
Never	8
Refused	9

43. Were you told, in numbers, what your blood cholesterol level was?

SKIP TO Q.45	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

44. What is your blood cholesterol level? RECORD NUMBER BELOW.

Don't know/Not sure	— — 777
Refused	999

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

46. Next, I would like to ask you about influenza vaccination, commonly called a flu shot. Have you had a flu shot in the last 12 months?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

47. RECORD SEX: (ASK, IF NECESSARY).

SKIP TO Q.55 < -----	MALE	1
	FEMALE	2

48. These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

Have you ever heard of a mammogram?

SKIP TO Q.52 < -----	Yes	1
	No	2
	Don't know/Not sure	7
	Refused	9

49. Have you ever had a mammogram?

Yes	1
No	2

SKIP TO Q.52 < ----- Don't know/Not sure 7
Refused 9

50. About how long has it been since you had your last mammogram, would you say it was ...
READ 1-4:

Within the past year 1
Within the past 2 years 2
Within the past 5 years 3
or More than 5 years ago 4

Don't know/Not sure 7
Never 8
Refused 9

51. Was your last mammogram done as part of a routine checkup, because of a breast problem or because you've already had breast cancer?

Routine checkup 1
Breast problem 2
Had breast cancer 3
Don't know/Not sure 7
Refused 9

52. The next few questions are about things you and your doctor can do to detect cancer early.

Have you ever had a Pap smear? (IF NEEDED: This is usually done during a pelvic exam, when your doctor examines your womb).

SKIP TO Q.55 < ----- Yes 1
No 2
Don't know/Not sure 7
Refused 9

53. When was the last time you had a Pap smear, was it ... READ 1-4:

Within the past year 1
Within the past 2 years 2
Within the past 5 years 3
or More than 5 years 4

Don't know/Not sure 7
Refused 9

54. Have you had a hysterectomy or have you had your uterus removed?

Yes 1
No 2
Don't know/Not sure 7
Refused 9

55. MALES & FEMALES: How often would you say you take measures to avoid getting suntanned, would you say ... READ 1-4:

Usually 1
Sometimes 2

Seldom	3
Never	4
.....	
Don't know/Not sure	7
Refused	9

56. In the past year have you gone to a tanning salon?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

SECTION H: DEMOGRAPHICS

57. And finally, these next few questions ask for a little more information about yourself.

How old were you on your last birthday? RECORD AGE IN YEARS.

	— — years
Don't know/Not sure	07
Refused	09

58. What is your race, would you say ... READ 1-4:

White	1
Black	2
Asian, Pacific Islander	3
Aleutian, Eskimo, American Indian	4
.....	
Some other (SPECIFY):	
_____	5
Don't know/Not sure	7
Refused	9

59. Are you of Hispanic origin, such as Mexican American, Latin American, Puerto Rican, or Cuban?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

60. What is the highest grade or year of school you completed? READ ONLY IF NECESSARY.

8th grade or less	1
Some high school	2
High school graduate or GED certificate	3
Some technical school	4
Technical school graduate	5
Some college	6
College graduate	7
Post graduate or professional degree	8
.....	
Refused	9

61. Are you currently ... READ 1-7:

Employed for wages	1
Self employed	2
Out of work more than 1 year	3
Out of work less than 1 year	4
A homemaker	5
A student	6
or Retired	7
.....	
Refused	9

62. And are you ... READ 1-6:

Married	1
Divorced	2
Widowed	3
Separated	4
Never married	5
or A member of an unmarried couple	6
.....	
Refused	9

63. Which of the following categories best describe your annual household income from all sources ...
READ 1-8:

Less than \$10,000	1
\$10 - \$15,000	2
\$15 - \$20,000	3
\$20 - \$25,000	4
\$25 - \$35,000	5
\$35 - \$50,000	6
or Over \$50,000	8
.....	
Don't know/Not sure	7
Refused	9

64. ASK THIS QUESTION ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE.
OTHERWISE, SKIP TO Q.65.

To your knowledge, are you now pregnant?

Yes	1
No	2
Don't know/Not sure	7
Refused	9

65. How many telephone numbers will reach this household, including the number I used today?
RECORD BELOW.

NOTE: DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS, IF
NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD.

Total Telephone Numbers: _____

CLOSING STATEMENT

That's my last question. Let me emphasize that your answer cannot be identified with your name.
Everyone's answers will be combined to give us information about the health practices of people in this
state.

Thank you very much for your time and cooperation.

COUNTY: _____

CODE: __ __

TIME: __ __